

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue; NW

Suite 500 South Building

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Borchardt

Signature of Treasurer

Electronically Filed by Robert Borchardt

Date

10

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		119244.78
(b) Cash on Hand at Beginning of Reporting Period .....	146247.52	
(c) Total Receipts (from Line 19) .....	2827.86	272426.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	149075.38	391671.07
7. Total Disbursements (from Line 31) .....	10500.00	253095.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	138575.38	138575.38
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
1 0D D  
1 8Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2596.11	156926.18
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	231.75	12409.86
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	2827.86	169336.04
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	89500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	2827.86	258836.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	1090.25
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	12500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2827.86	272426.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2827.86	272426.29

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2257.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2257.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	231823.58
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	19015.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10500.00	253095.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10500.00	253095.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	2827.86	258836.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2827.86	258836.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2257.11
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	2257.11

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** James Balda

Mailing Address 601 Pennsylvania Ave NW  
South Building; Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
VP Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B.** Carmella Bocchino

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2791.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-4

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C.** Robert Borchardt

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-5

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)

Francie Burkhart

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-6

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-9

Amount of Each Receipt this Period

62.50

C. Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-10

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional) .....

208.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Ann Curry

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-11

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B.** Gregory Daphnis

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager; VSD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-12

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C.** Gregory Dean

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of AHIP Learning &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-13

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-14	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation VP; Federal Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.35		
<b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey Gabardi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-16	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President; State Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-18	
City Washington	State DC	Zip Code 20004-2601	Amount of Each Receipt this Period 20.83
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Associate Counsel; Special Proj		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 395.77		

SUBTOTAL of Receipts This Page (optional) .....

229.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Donna Horoschak		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-19	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Executive Director State Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1333.31	
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Keefer		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-21	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Director of Policy Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00	
<b>C.</b> Full Name (Last, First, Middle Initial) Barbara Lardy		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20061017-23	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 28.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Vice President; Medical Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 532.00	

**SUBTOTAL** of Receipts This Page (optional) .....

141.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President; Center for Heal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-25

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive VP; Advocacy & Professiona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3958.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-27

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C.** Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Special Projects; Federal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.69

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-28

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A. Full Name (Last, First, Middle Initial)

Robert Menkes

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-32

Amount of Each Receipt this Period

10.42

B. Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-34

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Martin Mitchell

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-36

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

51.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation State Advocacy Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 791.73		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-37 Amount of Each Receipt this Period 41.67
<b>B.</b> Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1979.04		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-38 Amount of Each Receipt this Period 104.16
<b>C.</b> Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Vice President; State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1583.27		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-40 Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) .....

229.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Executive Director of Membership Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-41 Amount of Each Receipt this Period 11.00
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Rehm Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Director; Public Health Strategies Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.03		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-42 Amount of Each Receipt this Period 20.83
<b>C.</b> Full Name (Last, First, Middle Initial) Sue A Rohan Mailing Address 601 Penn Ave; NW Suite 500 South Building City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AHIP Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-43 Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) .....

115.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia P Smith Mailing Address 601 Penn Ave; NW Suite 500 South Building City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AHIP Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.31		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-45 Amount of Each Receipt this Period 83.33
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Stellar Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1565.28		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-46 Amount of Each Receipt this Period 86.96
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Senior Vice President Federal Legislat Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3882.65		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-47 Amount of Each Receipt this Period 204.35

**SUBTOTAL** of Receipts This Page (optional) .....

**374.64**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-49

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President of Strategic Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-51

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Rod Turner

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President; Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1583.27

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-52

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

229.16

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Van Koevering Mailing Address 107 Chocolay Downs Golf Dr City Marquette State MI Zip Code 49855-9542 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Deputy Director; Federal Legislative A Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 855.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-53 Amount of Each Receipt this Period 45.00
<b>B.</b> Full Name (Last, First, Middle Initial) Daniel Vigil Mailing Address 601 Penn Ave; NW Suite 500 South Building City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AHIP Occupation Deputy Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 218.75		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-54 Amount of Each Receipt this Period 31.25
<b>C.</b> Full Name (Last, First, Middle Initial) Kelly Vogel Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Director; Federal Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 395.77		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20061017-55 Amount of Each Receipt this Period 20.83

**SUBTOTAL** of Receipts This Page (optional) .....**97.08****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Tom Wilder

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; Private Market Regulat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-56

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joseph Winn

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
State Advocacy Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-58

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Duane Wright

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director; Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 6

Transaction ID: 20061017-59

Amount of Each Receipt this Period

62.50

SUBTOTAL of Receipts This Page (optional) .....

145.84

TOTAL This Period (last page this line number only) .....

2596.11

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Earl Pomeroy for Congress

Mailing Address PO Box 9336

City  
 Fargo

State  
 ND

Zip Code  
 58106

Purpose of Disbursement  
 2006 General

Candidate Name  
 Pomeroy Earl

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 7207750610185309698

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Evan Bayh Committee

Mailing Address 850 Fort Wayne Avenue

City  
 Indianapolis

State  
 IN

Zip Code  
 46204

Purpose of Disbursement  
 2010 Primary

Candidate Name  
 Bayh Evan

Category/  
 Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: 6147990610166025932

Date of Disbursement

10 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Kevin McCarthy for Congress

Mailing Address 455 Capitol Mall Suite 801

City  
 Sacramento

State  
 CA

Zip Code  
 95814

Purpose of Disbursement  
 2006 General

Candidate Name  
 McCarthy Kevin

Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 6838190610046322662

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Special Teams 2006 Committee

Mailing Address PO Box 75103

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
2006 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 1575980610046323381

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Spratt for Congress Committee

Mailing Address PO Box 830

City  
York

State  
SC

Zip Code  
29745

Purpose of Disbursement  
2006 General

Candidate Name  
Spratt John

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

**Transaction ID:** 6202310610046321630

Date of Disbursement

10 / 04 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement  
2006 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 4684060610185304529

Date of Disbursement

10 / 18 / 2006

Amount of Each Disbursement this Period

3500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

10500.00